

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10775730**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1						
2						
3						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
51						
52						
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54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						